University Students' views about Compatibility of Cognitive Behaviour Therapy (CBT) with their Personal, Social and Religious Values (A Study from Pakistan)

ABSTRACT

Background

CBT in its current form might not be applicable in non western cultures. Differences between western and non western cultures have been reportedly widely. Psychotherapy was developed in the west and is underpinned by many beliefs which might be specific only to the western culture. However, in order to modify CBT we need to understand whether the concepts associated with the CBT might cause conflicts among people who receive therapy. This study explored the beliefs of the university students in Pakistan

Aims

To find out if the concepts underpinning CBT are consistent with the personal, family, socio-cultural and religious values of the university students.

Methods

Discussions were held with University students in Rahim Yar Khan, Pakistan. Students were given information on various aspects of the CBT and were asked to rate their agreement with these concepts on a visual analogue scale.

Results

There was little disagreement for the principles of CBT, for personal values while some disagreement existed for religious values.

Conclusions

This study highlights the value of assessing peoples' beliefs about acceptability of CBT in non western cultures. Students in Pakistan felt that the principles of CBT are consistent with their belief system in most areas. However, the value system of students might not be representative of the rest of the population.

Declaration of interest

None

BACKGROUND

Cognitive behaviour therapy is now in use in the developed world for a wide range of problems (Beck, Rush et al. 1979; Wells and Leahy 1998) (Reilly and Lambrecht 2001) (Anton, Moak et al. 2001) (Dickerson 2000; Jones, Cormac et al. 2000; Cormac, Jones et al. 2002; Jones, Cormac et al. 2004; McCrone, Knapp et al. 2008; Oei and Dingle 2008; Price, Mitchell et al. 2008). The availability of this treatment is limited in the developing world(Rahman, Malik et al. 2008). Service and training issues in addition to availability of culturally acceptable forms of therapy might be some of the barriers(Rahman 2007). There are differences between the Asian and the Western cultures (Pande 1968; Iwmasa 1993; Laungani 2004) (Sue and Zane 1987) which might need consideration before an attempt is made to provide therapy to Asian patients.

It has been argued that most counselling theories reflect a white western male perspective and so inherently are in conflict with the cultural values and beliefs of third world or minority individuals (Scorzelli and Reinke-Scorzelli 1994). Significant amount of literature highlights difficulties or potential difficulties in application of psychotherapies developed in the west, in other cultures(Patel 2000) . Techniques and therapies developed in the East (relaxation, yoga, breathing exercises and mindfulness) on the other hand are being successfully used in the Western cultures(Brotto, Krychman et al. 2008; Hanstede, Gidron et al. 2008; Kozasa, Santos et al. 2008; Lundgren, Dahl et al. 2008; Nyklicek and Kuijpers 2008; Atkinson and Permuth-Levine 2009; Ong, Shapiro et al. 2009). In order to adapt Cognitive Behaviour Therapy for use in non western cultures it might be useful to start with an investigation to assess how consistent the concepts underpinning therapy are with, the way people view themselves, their world and people them live with. Scorzelli et al (Scorzelli and Reinke-Scorzelli 1994) in a study of psychology students in India found that 82% students felt that the cognitive approaches to therapy were in conflict with their values and beliefs, 46% reported that therapy was in conflict with their cultural and/or family values and 40% described these to conflict with their religious beliefs. The main reasons for this incompatibility were described to be religious beliefs that human destiny is controlled by supernatural powers and influenced by the deeds committed in previous cycle of life. Students believed that the individual must abide by the rules and the values of their family or community to have a meaningful and conflict free life and females will always need support from a stronger individual. The Pakistani culture shares some concepts with the Indian culture but also is influenced by the Islamic religious and cultural heritage. The same authors described different results in a similar study conducted in Thailand a few years later. In this study they found

that fifty-four(93.1%) of the participants felt that the cognitive approaches did not conflict with their values and beliefs. The participants said that “Buddhism emphasized the present and focused on an awareness of one's identify and behavior” and that “the mind is the major cause of suffering”. The differences between these studies highlight the fact that there might be wide variations among Asian cultures in terms of acceptability of cognitive therapy (Reinke-Scorzelli and Scorzelli 2001).

In the United Kingdom at the Southampton University, we are developing methods to modify CBT for use in non-western cultures, using Pakistan as an example. We have conducted a series of studies under the fold of project named “Developing Culturally Sensitive CBT (DCSC) Project”. This is a two stage mixed method project, which aims to establish whether cognitive behavioural therapy can be an acceptable, accessible and effective treatment for depression in a developing country. The first stage of the project comprised of a series of studies to develop and refine a Cognitive Behaviour Therapy manual to treat depression. In this paper we report results of focus groups with the university students in Pakistan. In these groups we explored students’ views about the compatibility of the concepts of CBT with their personal, family, cultural and religious values.

METHODOLOGY

Design

To explore the participants’ views about compatibility of CBT with their values a visual analogue scale was used to measure them. The values in four different domains, i.e., personal, family, social and cultural and religious were examined.

Sample selection

We contacted three university departments (Masters in English, Economics and Political Science) in a local University campus in the city of Rahim Yar Khan. The purpose of the study was explained to the respective head of the departments. When they agreed they were requested to give the names of the first 15 students from attendance registers. For the discussion and cross sectional survey, 34 of the selected 45 students attended.

Ethical approval

Ethical approval was obtained for the study from relevant institutes.

Conduct of study

The students were given information on the study and its purpose. Those who agreed were invited to the discussion groups.

Students participated in three facilitated discussions about psychotherapy, CBT and different concepts around CBT. Discussions were held in Urdu in an interactive format where students had a chance to discuss and clarify the ideas. Each session lasted for one hour. At the end of each discussion, students were asked to report whether the ideas discussed in the session were compatible with their personal, family, social and cultural and religious values. They had to fill their responses on visual analogue scales between 0 and 10. A 0 meant that

relevant concept was not compatible with the values while 10 meant that the concept was perfectly compatible. In the scale there were separate variables for personal values, family values, social and cultural values and religious values. Space was left for students' comments or explanations. The reason for using the visual analogue scale instead of a binary variable (yes or no) was to study the degrees of variation in beliefs.

Contents of the discussion sessions

Three concept areas were identified for exploration. This was decided on the basis of clinical practice, field observations and past literature. These included;

Concepts discussed in session 1

In the first session we discussed the basic concepts of CBT. The questions discussed included;

What is psychotherapy? What is CBT? Which mental health problems are treated by CBT? What is the style of therapy and philosophical concepts? Are we responsible for our own actions? Is man the master of his own destiny? What is individualism? How does it relate to the concept of social and family life in local culture? What is collaborative style of working? Can therapist and patient be equal? Socratic dialogue was used as an example to illustrate the style of therapeutic work in CBT with clients.

Concept discussed in session 2

Its focus was on communication styles. The questions addressed in this session were;

What is passive behaviour? What is aggressive behaviour? What is manipulative behaviour? What is assertive behaviour? What does assertiveness mean in talking to an elder or a senior person? What are the basic rights of the individual and how can they come in conflict with the wider social and cultural values?

Concept discussed in session 3

The details of the cognitive model of psychopathology were discussed. The main questions debated were;

What is the cognitive model? What is the link between events, thoughts, emotions, behaviour and physical symptoms? What is a cognitive triad? How to change thoughts? What is meta cognition? What are cognitive errors? How to find them and then change them? How to challenging the dysfunctional thoughts?

Analyses of the interviews

Analyses were performed using SPSS 16. Data from visual analogue scales was converted into three categories to get a more meaningful picture. Zero to three was recoded as 1, 4 to 7 as 2 and scores of 8 to 10 as 3. Further analyses were performed on recoded variables. Both parametric and non-parametric tests were performed.

Mean age was measured using explore command in SPSS, gender differences were measured using frequency. Chi square tests were used to measure the difference between two genders in terms of their recoded beliefs.

RESULTS

A total of 34 students participated. Three were removed because of too much missing data. Gender, Males = 16 (57.1%) females= 12 (42.9%) (3 missing), age in years (N=31) mean=21.8 (range=20-24). The number of students from the three departments was as follows; Political science 9 (29%), English language 8 (25.8%) and economics 14 (45.2%). All the students were Muslims by religion.

Table 1 shows the responses of students on a visual analogue scale to cover four possible aspects of their values related to different concepts around CBT, after recoding. For the first Concept, which included, introduction to CBT and its philosophical basis, there was moderate to high agreement among students on these concepts not conflicting with their personal values. However students thought that the concepts were in conflict with the other dimensions of value systems; for social and cultural values 3.2%, family values 9.7% and religious values 25.8%. In Pakistan people are more deferential and expressing one's opinion, when talking to a senior or an elder, until and unless one is in agreement, is not seen as a positive value. Our second discussion therefore was based upon communication and social skills. Again perception of conflict increased as we moved from personal to religious domains, i.e., no or minimum conflict on personal level was 3.2%, while both for social and cultural values it was 9.7% and for religious values it was 32.2%. During the third discussion we explained cognitive errors and how they can be recognized and changed. In this domain the perceived conflict in all the domains was less than 6.5%.

Table 1 here

There were no statistically significant differences between two genders except for the first concept. For this concept for social and cultural values women saw less conflict than men and for family values men saw less conflict.

Table 2 here

DISCUSSION

This study was conducted to find out whether university students find the different concepts related to CBT consistent with their personal, socio-cultural, family and religious values. This was an exploratory study and we selected students as convenient sample. Pakistan is a country with 160 million people, numerous languages and local dialects and great racial and cultural diversity. For a study of this size it would not be possible to capture that diversity. We are encouraged by the responses of the students who do not see CBT in conflict with their personal values. One of the concerns can be that these responses were influenced by the students desire to be seen in a positive light by people conducting the study. To address that issue we had informed the

participants that there is no right or wrong answer to these questions and that they should rate the visual analogue scale according to the first thought they get in response to the issues raised during the discussion. In addition the responses were anonymous.

The first discussion introduced the concepts embedded in western psychotherapy, like fate, individualism and how a person is related to the people around him. One third of the students thought that these concepts were not compatible with their religious values. This percentage is closer to the percentage in the Indian study where 40 % of the students thought that the concepts of psychotherapy were in conflict with their religious beliefs (Scorzelli and Reinke-Scorzelli 1994). In Thailand the participants did not think that the values of CBT were in conflict with their religious values(Reinke-Scorzelli and Scorzelli 2001). Al-Qadr is one of the fundamental beliefs in Islam. It is about Gods control on creation and destiny of everything in universe. In terms of human beings it means that their creation and all their acts are controlled by God. For centuries there has been a debate among Muslim scholars about the interpretation of this basic tenant of the religion. At one end scholars with rational outlook believed that human being had full freedom of action and they will see the consequences in the life after death. On the other side of the argument the interpretation emphasised predetermination of destiny of human beings. Muslims hold opinions of different shades between these two views(Watt 1946; Thomson 1950; Watt 2008).

The second concept that was debated during our sessions was of assertive communication. We were expecting high degree of disagreement on this concept because we specifically discussed assertiveness in terms of expressing ones views to an elder or a senior. One third of the students thought that assertiveness is in conflict with religion. We can speculate that the students' values are in transition from the traditional ones to more like Western ones. In the process it is likely that the personal, family and social values have changed more than the religious values.

The results about the third concept were interesting. In this discussion we described, cognitive errors, the cognitive triad, thinking about thinking, the emphasis on finding unhelpful ways of thinking and trying to change them by finding the evidence and finally arriving at a balanced view. Apart from a small proportion of students this was not seen in conflict with any set of values.

The presence of clear trends among participants in their agreement on a personal level is encouraging. It is likely that the students' values are similar to those of people in the west. The media has a strong influence on the attitudes and beliefs of people in the modern world. Not only are western TV channels watched throughout Pakistan especially by young people but the Pakistani media also promotes western values. It is also possible that at least some of the values of Pakistani people are similar to western cultures because of the

influence by monotheistic religions. We believe this could be due to the common origin of, and many shared beliefs by Islam, Christianity and Judaism.

A small proportion of the total population (less than 5%) go to University in Pakistan (http://www.worldbank.org/research/projects/edattain/). In the socioeconomic terms they are not likely to be representative of all the sections of society. It is possible that their values might not be representative of the wider community. But it gives an idea about certain trends.

The differences in views between India, Thailand and our sample highlight the diversity within developing world. Any form of therapy needs to be individualised and should take into consideration the patients view of the world, his belief and value system and his particular way of thinking.

As described initially, a major concern has been that psychological therapies developed in the western world– although often drawing elements from eastern traditions - may be incompatible with eastern values. This initial study examining a specific therapy, CBT, and a specific group, students in Pakistan, does not suggest that this is the case. Whether such therapies are effective in these settings has however yet to be demonstrated and we are now moving on to work to investigate this.

	Level of agreement	0-3 N (%age)	4-7 N(%age)	8-10 N(%age)	Missing values
Concept 1	Personal values		14(45.2%)	16 (51.6%)	1 (3.2%)
	Social & cultural values	1 (3.2%)	14 (45.2%)	15 (48.4%)	1 (3.2%)
	Family values	3(9.7%)	18(58.1%)	9(29.1%)	1(3.2%)
	Religious values	8(25.8%)	14(45.2%)	8(25.8%)	1(3.2%)
Concept 2	Personal values	1(3.2%)	4(12.9%)	25(80.6%)	1(3.2%)
	Social & cultural values	3(9.7%)	10(32.3%)	17(54.8%)	1(3.2%)
	Family values	3(9.7%)	17(54.8%)	10(32.3%)	1(3.2%)
	Religious values	10(32.3%)	11(35.5%)	9(29.0%)	1(3.2%)
Concept 3	Personal values		14(45.2%)	16(51.6%)	1(3.2%)
	Social & cultural values	2(6.5%)	17(54.8%)	11(35.5%)	1(3.2%)
	Family values	1(3.2%)	21(67.7%)	8(25.8%)	1(3.2%)
	Religious values	2(6.5%)	14(45.2%)	14(45.2%)	1(3.2%)

Table 1, Frequency of three levels of agreement with the concepts discussed in three group discussions. Figures are number and percentages.

Table 2. Gender differences in values held by the students about the concepts related to CBT.

		Level of agreement	Male N(%age)	Female N(%age)	X2
Concept 1	Personal values	0-3			0.863
		4-7	8 (50.0%)	6(50.0%)	
		8-10	7(43.8%)	6(50.0%)	
	Social &cultural values	0-3			0.031
		4-7	10(66.7%)	3(25.0%)	
		8-10	5(33.3%)	9(75.0%)	
	Family values	0-3	2(13.3%)		0.045
		4-7	7(46.7%)	11(91.7%)	
		8-10	6(40%)	1(8.3%)	
	Religious values	0-3	2(12.5%)	5(41.7%)	0.189

		4-7	7(43.8%)	5(41.7%)	
		8-10	6(37.5%)	2(16.7%)	
Concept 2	Personal values	0-3	1(6.2%)		0.651
		4-7	2(12.5%)	2(16.7%)	
		8-10	12(75.0%)	10(83.3%)	
	Social &cultural values	0-3	2(12.5%)		0.407
		4-7	5(31.2%)	4(33.3%)	
		8-10	8(50.0%)	8(66.7%)	
	Family values	0-3	2(12.5%)	1(8.3%)	0.914
		4-7	8(50.0%)	7(58.3%)	
		8-10	5(31.2%)	4(33.3%)	
	Religious values	0-3	2(12.5%)	5(41.7%)	0.141
		4-7	6(37.5%)	5(41.7%)	
		8-10	7(43.8%)	2(16.7%)	
Concept 3	Personal values	0-3			0.137
		4-7	8(50.0%)	3(25.0%)	
		8-10	7(43.8%)	9(75.0%)	
	Social &cultural values	0-3	1(6.2%)	1(8.3%)	0.710
		4-7	8(50.0%)	8(66.7%)	
		8-10	6(37.5%)	3(25.0%)	
	Family values	0-3		1(8.3%)	0.259
		4-7	9(56.2%)	9(75.0%)	
		8-10	6(37.5%)	2(16.7%)	
	Religious values	0-3		2(16.7%)	0.211
		4-7	8(50.0%)	4(33.3%)	
		8-10	7(43.8%)	6(50.0%)	

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